

CUSTOMER SERVICE DISTINCTION APPLICATION *indicates a required field						
Facility Information						
Facility Name*			Doing Busines	Doing Business As (DBA)		
Street Address*						
City*	State*		Zip Code*	1	Country*	
Business Email*			Owner/Contact Name*			
Staniologica Principal			Owner/Contact Nan	mon contact rearie		
Facility Phone Number*		Mobile Number* Fax Number		Fax Number		
CMS Provider # (PTAN)		National Provider Identifier # (NPI)		Employer Identification # (EIN)		
ONE POVIDE # (FIZIV)		ivational revider identifier # (WF)		Employer identification # (Emy)		
Date of BOC Accreditation Expiration*						
Date of BOC Accreditation Expiration						
Owner/Corporate Officer Signature						
In signing this affidavit, I attest, upon personal knowledge, that all information reported in this application is complete, accurate and true, to the best of my knowledge. I agree to notify BOC in writing of all changes to ownership, corporate structure, location, or provision of services/equipment. In submitting this application, I agree to notify BOC that the facility is "site-survey ready" within one year of the date on the application. I understand that I am granting permission to BOC and its authorized representatives to inspect my facility during normal business hours and without prior notification.						
Print Owner/Corporate Officer Name		Signature Owner/Corporate Officer			Date	
Five Star Customer Service Distinction Fee (Fee is subject to change)						
Customer Service Distinction: \$7,50 \$375 special pricing*			*Limited time	*Limited time offer; only available at time of reaccreditation.		
Payment						
Credit Card Type			Name as it app	Name as it appears on card		
VisaMasterCardDiscover Credit Card Number		American Express	Security Code		Expiration Date	
Billing Address			City		State	
Zip Code	Cardholder Sig	gnature				

The issuer of the card identified on this form is authorized to pay the amount shown as Payment Amount upon proper presentation. I agree to pay such Payment Amount (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card. BOC does not offer refunds.

Submit this application by email to jane.webster@bocusa.org or fax to 410.581.6228.